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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. <b>SPINE 3.0-395 CONT</b>       |  |
|   | First Inventor <b>Aaron Markworth</b>               |  |
|   | Title <b>SYSTEM FOR USE IN SPINAL STABILIZATION</b> |  |
|   | Express Mail Label No. <b>EV 342609073 US</b>       |  |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>23</b> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>10</b> ]<br>5. Oath or Declaration [Total Sheets <b>2</b> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program ( <i>Appendix</i> )<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS<br>Statement (IDS/PTO-1449) Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: |
|---|---|


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/124,170**  
 Prior application information: Examiner **S. Webb** Art Unit: **3731**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

|  |           |   |
|--|-----------|---|
| <input checked="" type="checkbox"/> Customer Number: <b>000530</b> | OR        | <input type="checkbox"/> Correspondence address below |
| Name   |           |   |
| Address  |           |   |
| City   | State     | Zip Code  |
| Country  | Telephone | Fax   |

|   |   |
|---|---|
| Name (Print/Type) <b>Konstantin A. Caploon</b>  | Registration No. (Attorney/Agent) <b>51,527</b> |
| Signature  | Date <b>September 4, 2003</b>                   |

 17302 U.S. PTO  
 10/655440  
 09/04/03

| <b>FEE TRANSMITTAL</b>   |  | <b>for FY 2003</b>       |                       |
|--|--|--------------------------|-----------------------|
| Effective 01/01/2003, Patent fees are subject to annual revision.              |  | <b>Compleat if Kn wn</b> |                       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Application Number       | Not Yet Assigned      |
|  |  | Filing Date              | Concurrently Herewith |
|  |  | First Named Inventor     | Aaron Markworth       |
|  |  | Examiner Name            | Not Yet Assigned      |
|  |  | Art Unit                 | N/A                   |
|  |  | Attorney Docket No.      | SPINE 3.0-395 CONT    |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 804.00                                     |  |                          |                       |

| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>FEE CALCULATION (continued)</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
|---|----------|---|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|--------|-------------------------------------|-----|------|-----|-------------------|----|---|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|------|--------|------|--------|--|--|--------------|-----|--------------|----|--|--|----------|-----|------|---------|---|---|-------|-----|-------|-----|--|--------|------|-------|------|-----|---|--|----------------------------------|-------|------|-----|--|--|------|-----|--------------|-----|------------------|--|-----------------|----------|----------|----------|--|----------|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|---------------------------------------|--|------|-------|------|-----|--|--|------|-------|------|-----|--|--|--------------------------|-----|------|-----|------------------|-------|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--------------------------|------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">12-1095</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Lerner, David, Littenberg, Krumholz &amp; Mentlik, LLP</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3) (\$)</b></td> <td>0.00</td> </tr> </tbody> </table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65     | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action  |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |  | 1252     | 410 | 2252 | 205     | Extension for reply within second month |   | 1253  | 930 | 2253  | 465 | Extension for reply within third month |        | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255                             | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401         | 160 | Notice of Appeal |  | 1402            | 320      | 2402     | 160      | Filing a brief in support of an appeal |          | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55  | Petition to revive - unavoidable      |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional                 |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue)                             |  | 1502                     | 470 | 2502 | 235 | Design issue fee |       | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3) (\$)</b> | 0.00 |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1051  | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1052  | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1053  | 130      | 1053  | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1812  | 2,520    | 1812  | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1804  | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1805  | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1251  | 110      | 2251  | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1252  | 410      | 2252  | 205      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1253  | 930      | 2253  | 465      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1254  | 1,450    | 2254  | 725      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1255  | 1,970    | 2255  | 985      | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1401  | 320      | 2401  | 160      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1402  | 320      | 2402  | 160      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1403  | 280      | 2403  | 140      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1451  | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1452  | 110      | 2452  | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1453  | 1,300    | 2453  | 650      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1501  | 1,300    | 2501  | 650      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1502  | 470      | 2502  | 235      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1503  | 630      | 2503  | 315      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1460  | 130      | 1460  | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1807  | 50       | 1807  | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1806  | 180      | 1806  | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 8021  | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1809  | 750      | 2809  | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1810  | 750      | 2810  | 375      | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1801  | 750      | 2801  | 375      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1802  | 900      | 1802  | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Other fee (specify) _____   |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| *Reduced by Basic Filing Fee Paid   |          |   |          | <b>SUBTOTAL (3) (\$)</b>   | 0.00     |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1) (\$)</b></td> <td></td> <td>750.00</td> </tr> </tbody> </table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 750      | 2001 | 375 | Utility filing fee | 750.00 | 1002                                | 330 | 2002 | 165 | Design filing fee |    | 1003  | 520 | 2003 | 260 | Plant filing fee |     | 1004                      | 750 | 2004 | 375   | Reissue filing fee |       | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1) (\$)</b>                               |  |      |        |      | 750.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>23</td> <td>-20** =</td> <td>3</td> <td>x</td> <td>18.00</td> <td>=</td> <td>54.00</td> <td></td> </tr> <tr> <td>3</td> <td>-3** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td>0.00</td> <td></td> </tr> <tr> <td colspan="8">Multiple Dependent _____ = _____</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b></td> <td></td> <td>54.00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |  | Total Claims |     | Extra Claims |    | Fee from below                         |  | Fee Paid |     | 23   | -20** = | 3                                       | x | 18.00 | =   | 54.00 |     | 3                                      | -3** = |      | x     |      | =   | 0.00                                    |  | Multiple Dependent _____ = _____ |       |      |     |  |  |      |     | Large Entity |     | Small Entity     |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                               | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20   |  | 1201 | 84    | 2201 | 42    | Independent claims in excess of 3             |  | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |  | 1204 | 84    | 2204 | 42  | ** Reissue independent claims over original patent |  | 1205 | 18    | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |     |      |     |                  | 54.00 |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1001  | 750      | 2001  | 375      | Utility filing fee   | 750.00   |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1002  | 330      | 2002  | 165      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1003  | 520      | 2003  | 260      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1004  | 750      | 2004  | 375      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1005  | 160      | 2005  | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| <b>SUBTOTAL (1) (\$)</b>  |          |   |          |  | 750.00   |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Total Claims  |          | Extra Claims  |          | Fee from below   |          | Fee Paid        |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 23  | -20** =  | 3   | x        | 18.00  | =        | 54.00           |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 3   | -3** =   |   | x        |  | =        | 0.00            |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Multiple Dependent _____ = _____  |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| <b>SUBTOTAL (2) (\$)</b>  |          |   |          |  | 54.00    |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |
| <b>SUBMITTED BY</b><br>Name (Print/Type) <span style="border: 1px solid black; padding: 2px;">Konstantin A. Caploon</span><br>Signature <span style="border: 1px solid black; padding: 2px;"></span>  |          | (Complete (if applicable))<br>Registration No. (Attorney/Agent) <span style="border: 1px solid black; padding: 2px;">51,527</span><br>Telephone <span style="border: 1px solid black; padding: 2px;">(908) 518-6440</span><br>Date <span style="border: 1px solid black; padding: 2px;">September 4, 2003</span>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |       |     |       |     |  |        |      |       |      |     |   |  |                                  |       |      |     |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |                          |     |      |     |                  |       |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                          |      |